Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effectiv October 1, 2000

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Elicolit Colober 1 Lace								02 101 011											
,		CLAIMS AS	FILED - P (Column 1	nn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY										
TOTAL CLAIMS								RATE	FEE	. [RATE	FEE							
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00							
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5			X\$ 9=	45	OR	X\$18=	. ,							
INDEPENDENT CLAIMS			7 minus 3 =		4			X40=	160	OR	X80=								
MU	LTIPLE DEPEND	ENT CLAIM PF	RESENT					+135=		OR	+270=								
• It	the difference i	n column 1 is l	less than zero, enter "0" in column 2					TOTAL	560	OR	TOTAL	•							
	CF	a sa emia.	MENDED - PART II					OTHER THAN SMALL ENTITY OR SMALL ENTITY											
		(Column 1)			mn 2)	(Column 3)	1	SHIALL											
MTA		CLAIMS REMAINING AFTER AMENDMENT		NUM	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE							
AMENDMENT	Total	. 3/	Minus		25	= 6		X\$ 9=	54	OR	X\$18=								
E	Independent	. 8	Minus	•••	7	=		X40=	44	OR	X80=								
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM		1	+135=		OR	+270=								
			•					TOTAL	ac	AAL RATE TIONAL FEE OR X\$18= OR +270= OR ADDIT. FEE DI-NAL RATE TIONAL									
·		BEST AVAILABLE CORY (Column 3)																	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL							
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=								
RE	Independent	•	Minus	***	F 01 411	=	4	X40=		OR	X80=								
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDE	II CLAIM			+135=		OR	+270=								
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEI								
		(Column 1)			umn 2)	(Column 3	3)_			=		THAN ENTITY ADDITIONAL FEE ADDITIONAL FEE ADDITIONAL FEE							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL							
a C	Total		Minus	••		=		X\$ 9=		OF	X\$18=								
SAFE	Independent	•	Minus	***	NT OLA"	=		X40=		OF	X80=								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OF	+270=								
В	" If the entry in colo		Daid FAT IN TH	IS SPAC	:E IS I893 0	nen 20, enter <i>i</i>	20.*	TOTAL ADDIT, FEE		OF	TOTA ADDIT. FE								
		umber Previously mber Previously F								ox in	column 1.	•							